

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000280</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/17/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>SWISS VILLAGE INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1350 W MAIN ST BERNE, IN 46711</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 10, 11,12, 15,16, and 17, 2012</p> <p>Facility number: 000280 Provider number: 155707 AIM number: 100274540</p> <p>Survey Team: Linn Mackey RN -TC Julie Call RN Virginia Treveer RN Shelly Reed RN October 11,12, and 15, 2012</p> <p>Census bed type: SNF: 37 SNF/NF: 77 Residential: 76 Total: 190</p> <p>Census payor type: Medicare: 12 Medicaid: 47 Private: 131 Total: 190</p> <p>Sample Residential: 7</p> <p>Swiss Village Inc. was found to be in compliance with 42 CFR part 483, Subpart B and 410 IAC in regard to the Recertification and State Licensure Survey.</p> <p>Quality review completed 10/19/12 Cathy Emswiller RN</p>	R 000			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1